

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009903

FILED  
Apr 09, 2012  
Secretary of State

Entity Name: ANDRES KASPER INSTITUTE, INC.

**Current Principal Place of Business:**

215 NE 16TH AVE  
205  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

215 NE 16TH AVE  
205  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 26-4538580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CEVALLOS, MERCEDES  
230 174TH ST  
APT L04  
SUNNY ISLES BCH, FL 33160 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KASPER, JULINDA  
Address: RUA PEDRO BAGGIO,800 83.430-000  
City-St-Zip: PARANA BRAZIL, OC

Title: D  
Name: KASPER, ISOMAR SADI  
Address: RUA PEDRO BAGGIO,800 83.430-000  
City-St-Zip: PARANA BRAZIL, OC

Title: D  
Name: KASPER, BRUNO F  
Address: RUA DOS PASSIONISTAS,60,APT301,80.035-160  
City-St-Zip: CURITIBA BRAZIL, OC

Title: O  
Name: MARIA, SOBEL  
Address: 215 NE 16TH AVE 205  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULINDA KASPER

D

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date